Public Health *Reports*

Scientific Contributions

Departments

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Cover: Teenagers mourn friends who died in a car accident.

(See article on page 452 and commentary, page 462.)

Public Health *Reports*

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Letters to the Editor

Private Health Care in Canada

I greatly enjoy reading *Public Health Reports*, and would like to comment on the article by DeCoster and Brownell in the July/August issue ("Private health care in Canada: savior or siren?" 112:4:298–305).

The authors state, "In Canada, health care is publicly insured and available to all at no charge." Nothing could be further from the truth. Citizens of countries with socialized health care systems pay dearly, both in high personal income tax rates to subsidize these inefficient systems and in physical and emotional suffering while waiting for rationed services.

The authors point out that Canadians wait six to nine months for "non-urgent" MRIs and private medical entrepreneurs such as ophthalmic surgeons have sprung up to meet the unmet demands. Why do you suppose citizens are willing to pay out-of-pocket for these expensive surgeries in addition to the "free" health care they're already purchasing? Apparently, these citizens have concluded that the system doesn't provide needed care.

Americans should continue to question and challenge socialism and focus on making whatever improvements are desired in our far more resource-rich system. Perhaps more time should be spent considering what the extent of public health programs should be and what types of health care services are best encouraged by removing inefficiencies created by excessive regulation.

The U.S. health insurance industry is identified by the authors as possessing extremely high overhead costs. Interestingly, the insurance industry ranks near the top of U.S. industries in terms of governmental intervention. There's no free lunch, but there is hope in a system that supports choice and personal responsibility of both providers and recipients of health care.

Kim Curry, RN PhD
Tampa, FL

DeCoster and Brownell Reply

We stand by our statement that health care is available to all at no charge: when patients present themselves for care at a hospital or physician's office in Canada, there is no direct fee to the patient.

It is true that Canadians pay higher income taxes than Americans to finance the health care system. However, as we pointed out, it is not Canada but the United States that has the most expensive health care system in the world. In the end, Americans pay more for their health care than do Canadians.

Dr. Curry describes socialized health care systems like Canada's as "inefficient." Surely the United States—which spends more per capita and a larger percentage of its GDP on health care while more than one-quarter of its population is un- or underinsured[1]—is less efficient than Canada. One can argue that both the United States and Canada ration health care services. In Canada, queuing is a form of rationing; in the United States rationing is based on income.[2] For wealthy Americans, access to health care is virtually unlimited; for the poor, access is severely rationed.

Dr. Curry asks why "citizens are willing to pay out-of-pocket" for cataract surgery procedures. Again, as we state in our paper, a patient's conclusion that the public system necessitates long waits for cataract surgery may well be influenced by the surgeon one consults. In the Alberta study cited, the long public sector waits (up to one year) were for surgeons who operated *both* publicly and privately. For ophthalmologists who operated only in the public sector, the mean wait for cataract surgery was six weeks. One wonders if ophthalmologists who operate both publicly and privately reduce the amount of time they are available to operate publicly, thus rationing their patients' access to public health care.

In the United Kingdom, there is evidence that long waiting lists in the National Health Service (NHS) are made worse by the existence of a two-

quiet neighborhood or in a parking lot with cones. The test should demand quick reaction and probably should be administered at least twice with different testers.

What matters to me is that I loved Gabriel and now he is gone forever. Distressed by my failure to protect him, I have become preoccupied with driving safety for my youngest son. Long before reading the Williams article, I thought of a graduated licensing system, although I didn't give it this name and didn't realize I was reinventing the wheel. Graduated licensing makes sense to me in the only case I know firsthand, not a statistic but an actual event. In my opinion, graduated licensing would almost certainly have saved my son Gabriel.

Support this important public health measure. Save my younger child. Save your child. Save somebody's child.

Mr. Puccia, in addition to supporting changes in driver licensing, organizes the Gabriel Puccia International Soccer Tournament for teenagers between 15 and 17 years old, in which teams from the Northeast United States, England, Italy, Germany, and Canada have participated. All proceeds go to a charitable trust to support local high schools students in pursuit of academic studies.

For more information, address correspondence to Mr. Puccia, 115 Oakdale Rd., Newton MA 02161; tel. 617-969-0439; e-mail <cpuccia@mediaone.net>.

Suggested reading: Finkbeiner AK, *After the Death of a Child: Living with Loss through the Years* (Free Press; 1996).

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1997 INDEX

Key to classification of subject index

a	original article
abs	abstract
br	brief report
c	commentary
chr	PHS chronicles
e	editorial
info	information technology
law	public health and the law
ltr	letter to editor
obs	overseas observer
rev	book review
s	supplement

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The Breakerboys

Library of Congress: Lewis Hines 1911

From "Mr. Coal's Story," *Child Labor Bulletin*, August, 1913:

> *Then the pieces rattled down through long chutes at which the breaker boys sat. These boys picked out the pieces of slate and stone that cannot burn. It's like sitting in a coal bin all day long, except that the coal is always moving and clattering and cuts their fingers. Sometimes the boys wear lamps in their caps to help them see through the thick dust. They bend over the chutes until their backs ached, and they get tired and sick because they have to breathe coal dust instead of good, pure air.*
>
> *Hundreds and hundreds of boys work in the mines and in the breakers from early morning until evening, instead of going to school and playing outdoors.*

The smudgy faces of these boys glimmering through the filth of a coal mine instantly confirms our collective "historical memory" of child labor. Absent the crowding, dirt, and poverty, many of us don't recognize the failings of child labor as it is practiced today. A contemporary image of a working child at risk would be a sweaty paperboy on a bicycle or a tired teenager behind a cash register in a convenience store. *To see the face of child labor today, read the article on page 466.*

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